Graduate School of Sogang University (Dasan Hall #425),

Registration Number

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**Release of Information Form [Form 6]**

\*\* Please fill in the form in English.

By applying for admission to Sogang University, I hereby authorize the administrators or other persons to confer with others to obtain and verify my credentials and qualifications as an applicant.

I release from any and all liability Sogang University and all organizations or individuals who act in good faith and without malice to provide the above information.

I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing said information of any and all liability.

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| **1. Applicant Information** |
| Family Name | Given name in English | Middle name(if any) |
|  |  |  |
| Applicant Number | Department |  Major |
|  |  |  |
| **2. Academic Information** |
| University / Institution Name |  | Type of Degree | □ BA □ MA □ Other \_\_\_\_\_\_\_\_\_\_ |
| University / Institution Address |  |
| Department and Major |  |
| Date of (expected) Graduation |

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|  | / |  | / |  |
| *MM* |  | *DD* |  | *YYYY* |

 |
| Period of Attendance | From To | Number of Registered Semesters |  |
| Website of University / Institution |  |
| **3. University / Institution Information for Requesting Release of Academic Records**  |
| Name of the Office of Student Records from the University / Institute you graduated from |  |
| Head of Student Records contact (name) |  |
| Head of Student Records Phone/Fax No. |  |
| Head of Student Records E-mail Address |  |

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| --- | --- | --- | --- | --- |
|  | / |  | / |  |
| *MM* |  | *DD* |  | *YYYY* |

Applicant : (Signature)